



MO HealthNet Policy for Medicare Part C/Medicare Advantage Plans

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- **MEDICARE PART C/MEDICARE ADVANTAGE PLANS**

The MO HealthNet Division (MHD) has received numerous inquiries regarding policy, benefits, and claim filing instructions for Medicare Part C/Medicare Advantage Plans.

The Centers for Medicare and Medicaid Services (CMS) established a program under Part C of Medicare referred to as the Medicare Advantage Program. The federal Medicare Program has contracted with private health insurance organizations to provide health coverage to beneficiaries that have opted to enroll in a Medicare Advantage Plan. These plans have been approved by Medicare but are administered by private organizations. Medicare Advantage Plans include Medicare Health Maintenance Organization Plans (HMO), Medicare Preferred Provider Organization Plans (PPO), Medicare Private Fee-For-Service Plans (PFFS) and Medicare Special Needs Plans (SNP). These plans were previously referred to Medicare + Choice Plans.

Traditional Medicare Part A and Medicare Part B will no longer cover the medical costs for an individual that has enrolled in a Medicare Advantage Plan. As with traditional Medicare Part A and Part B, individuals enrolled in Medicare Advantage Plans share in the costs of their medical care by paying a deductible, coinsurance and/or co-payment amount.

The Medicare Part C policy under the MO HealthNet program will pay for Medicare Part C/Medicare Advantage Plan cost sharing (deductible, coinsurance and copayment) for Qualified Medicare Beneficiary (QMB Only) and Qualified Medicare Beneficiary Plus (QMB Plus) participants **ONLY**. A QMB Only individual is eligible for MO HealthNet payment of Medicare deductibles, coinsurance, and copayments (except for Part D). A QMB Plus individual meets all the standards for QMB eligibility but also meets the financial criteria for full MO HealthNet coverage.

For non-QMB MO HealthNet participants with Medicare Part C coverage, MHD will process claims in accordance with established coordination of benefits policy. The policy can be viewed in Section 5.1.A of the MO HealthNet Provider Manual at <http://manuals.momed.com>.

MHD is updating the claims processing system to accommodate the processing of claims for Medicare Part C/Medicare Advantage Plans in accordance with this policy. Once the system work has been completed, MHD will issue a provider bulletin with further details. Look for the bulletin to be issued within the first quarter of 2008.

The upcoming provider bulletin will advise MO HealthNet providers how to file Medicare Part C crossover and coordination of benefits claims to MHD. At this time, MO HealthNet providers are advised to hold their Medicare Part C claims for submission to MHD until the bulletin is issued with complete claim filing instructions.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896